Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-8-2010</u>	Address:	SR 66 east fo Deer Creek
Case #:	<u>34-36228</u>		Cannelton, IN
County:	Perry		· · · · · · · · · · · · · · · · · · ·
Type of Laboratory Seizure (check one) S		Seizure Location (check all that apply)	
☐ Operat ☐ Chemi ☐ Dumps	ional Lab cal/Glassware/Equipment (only) site (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other: ——–
(check all	und: Location (bedroom, kitchen, open a that apply) m/Ammonia Reaction(s):	<u>nir, etc)</u>	
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydro	ochloric Acid Gas Generator(s):		
Corre	sive Acid:		
Corre	osive Base:		
Other	(item and location):		
Yes No *If yes, fa	nder age 18 discovered (check one) (number present) x report to Child Protective Services	Ephedi Retail/ Other:	
This rep	port is to be faxed to the following as		
Fire Dep	partment: Cannelton VFD	Fax: <u>N/.</u> Fax: <u>54</u>	
Health I	Department: Perry Co	Fax:	
Child P	rotection Service: <u>N/A</u>		•
Investig	aung Omoor. Kr. Barre	Phone 800.142.1413	
** Thi list *** Th	is form is to be faxed to the Fire Department, ed within 24 hours of scene processing. is form is to be included with the case file, and	Health Department and/ord d a copy sent to the Cland	Child Protective Services Department estine Laboratory Team Leader for retention.